**Instructions**: This form is to request a label review. In order to complete a compliance review, choose one of the options below and attach the requested information. Please note that it is the operators’ responsibility to verify that all labels and products are approved before use/distribution.

1. Company:
2. PA-OR:
3. Contact Name:
4. Phone Number:
5. Billing Email Address:
6. Private label or Owned label?:
7. Do you need your Organic Certificate Revised?

*(additional fee applies to revising the certificate)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PRODUCT**  if marketed / labeled  by specific varieties  please list them separately | **ID Mark (Label) Description**  list all Brand Names include all non retail & retail names as it appears on the label  **use one separate line per each id mark** | **ID Mark: Retail or Non Retail** | **Level of Claim:**  **Organic or 100%Organic** | **Market** | |
| **NOP** | **equivalency or Agreement** |
|  |  | Choose an item. | Choose an item. |  |  |
|  |  | Choose an item. | Choose an item. |  |  |
|  |  | Choose an item. | Choose an item. |  |  |
|  |  | Choose an item. | Choose an item. |  |  |
|  |  | Choose an item. | Choose an item. |  |  |
|  |  | Choose an item. | Choose an item. |  |  |
|  |  | Choose an item. | Choose an item. |  |  |
|  |  | Choose an item. | Choose an item. |  |  |

**Option 1:** If the label is owned by your certified operation, submit **all of the following information** along with this form, in order to complete a label review:

* 1. Clear and legible copies of the label design
  2. Updated Organic System Plan (OSP)

**Option 2:** If the label is **not** owned by your certified operation, but rather providing a co-packer/re-labeling service to another distributor, please submit **all of the following information** in order to complete a label review:

* 1. Clear and legible copies of the label design
  2. If organic certified, a copy of the distributor’s organic certificate
  3. Completed Org-001 Private Label Requirements Request Form

*Note: You must request this additional form*.

* 1. Updated Organic System Plan (OSP)

**Once completed, submit this form and attachments by email to** [**OrganicAdmin@PAO-USA.com**](mailto:OrganicAdmin@PAO-USA.com)